

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

15
RECEIVED

MAR 22 2019

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Cornelius L. Walker

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

19cv2003
Judge Pallmeyer
Mag. Judge Cummings
PC 6

Case _____
(To be supplied by the Clerk of this Court)

Tom Dart etc, a1

A. Anyiotis start # 15038

Lt. Guzman start # 622

stg H. start # 6244

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)

☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)

☐ **OTHER (cite statute, if known)**

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

Reviewed: 8/2013

I. Plaintiff(s):

- A. Name: Cornelius Walker
- B. List all aliases: None
- C. Prisoner identification number: 20150920216
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dast
Title: Sheriff Cook County
Place of Employment: Cook County Jail
- B. Defendant: A. Any P. O. T. S.
Title: Officer
Place of Employment: Cook County Jail
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I Cornelius Walker #20150920216
 Was in the dayroom tier 3 North
 at 3:40pm officer A. Anyfotis #15038
 gave me an order to lock up I refuse
 to lock up because I want to talk
 with a white shirt after 3 to 4 sec
 later officer A. Anyfotis #15038 hands
 was around my neck I grabbed his
 hands from around my neck as I
 start to lose oxygen as he slung
 me out of my wheel chair where I
 hit my side and my hip causing me
 pain and fearing for my life.
 This was cruel and unusual punishment
 deliberately indifference and failing to respond
 reasonably and responsible which is a violation
 of my 1st, 8th and 14th Amendment right of
 the United States Constitution.

V. **Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

To have Justil

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 2 day of 20, 20 19

Cornelius Walker
(Signature of plaintiff or plaintiffs)

Cornelius Walker
(Print name)

20150920216
(I.D. Number)

1209 E 11 Street Ford Heights IL
(Address)



**SHERIFF'S OFFICE OF COOK COUNTY
OFFICE OF PROFESSIONAL REVIEW
COMPLAINT REGISTER**

Complainant Information	NAME (Last, First, M.I.): Cornelius Walker		AGE: 22	DATE OF BIRTH: 11-20-1996	HOME #: 913-475-4142
	HOME ADDRESS: 148 Carrige Lane		CITY: Sauk Village		WORK/OTHER #: 913-475-4142
	STATE: ILL	ZIP CODE: 60411	STATE I.D./D.L. #: 20150920216		STATE OF ISSUANCE:
	I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.				
Complainant Information	DATE OF INCIDENT: 11-30-2018			TIME OF INCIDENT: 3:40 pm	
	LOCATION OF INCIDENT: Cook County Jail Division 8 3 North Cermak				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:				
	A Anyfotis #15038				
Witnesses	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	IF YES, PROVIDE CONTACT INFORMATION.				
	NAME	ADDRESS/CITY/STATE/ZIP		HOME PHONE #	
Narrative	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.				
	<p>I Cornelius Walker # 20150920216 was in the dayroom at 3:40pm officer A Anyfotis #15038 gave me an order to lock up I refuse to lock up because I want to speak with a white shirt after 3 to 4 sec later officer A Anyfotis #15038 hands was around my neck I grabbed his hands from around my neck as I start to lose oxygen as he was choking me still forcing me to move he slung me out of my wheel chair where I hit my side and my hip causing</p>				
<input checked="" type="checkbox"/> CONTINUED ON REVERSE					

FOR OFFICE USE ONLY
DATE COMPLAINT RECEIVED: _____

RECEIVED BY: _____

IAD/IG #: _____

Complaint Narrative (Continued)

me pain and fearing for my life.

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of 2 pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. Cornelius Walker
(Print Name)

Complainant's Signature: Cornelius Walker

Date: 12-3-2018

State of Illinois)
County of Cook)

Signed and sworn to before me on

12/3/18
(date)

by

Cornelius Walker

(name of person making statement)



Thomas Keel

(signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. PERJURY IS A CLASS 3 FELONY.

Please mail your completed, signed and notarized, complaint form to:

Cook County Sheriff's Office of Professional Review

3026 S. California
Chicago, IL. 60608

4th floor



COOK COUNTY SHERIFF'S OFFICE (OFICINA DEL SHERIFF DEL CONDADO DE COOK)

INMATE DISCIPLINARY REPORT (INFORME DISCIPLINARIO INTERNO)

CMK-31-324

INCIDENT REPORT NO.	CONTROL NUMBER	IR NUMBER	FBI NUMBER	SID NUMBER	INMATE ID NUMBER
DIV8-2018-15161	N/A	1944276	444174AD3	IL12115061	731028

INMATE INFORMATION

Inmate's Name (Print) (Nombre del recluso imprimir):	Inmate's DOB (Fecha de nacimiento):	Booking Number:	Division/Unit (División/unidad):	Inmate's Living Unit (Unidad de vida):
Cornelius L Walker	11/20/1996	20150920216	Division 8	In-Cell

INFRACTION INFORMATION

<input type="checkbox"/> VERBAL WARNING <input type="checkbox"/> FORMAL CHARGE	Date of Infraction: 11/30/2018	Time of Infraction: 3:35 PM	Location of Infraction (Lugar de la infracción): CERMAK	Restitution Form Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
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NUMBER	CHARGE
105	Disorderly Conduct
320	Threat to Staff
307	Battery
322	Disrespect to Staff
219	Disobeying or Resisting Orders
404	Battery to Staff

☐ DNA

VICTIM / WITNESS INFORMATION

<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____	Cornelius L Walker
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____	A Anyfiotis
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____	F Sandoval

INFRACTION NARRATIVE (Infracción narrativa)

On November 30th 2018 at approximately 1535 hours detainee Walker, Cornelius # 20150920216 was in the dayroom next to the doors that separate tier 3 North from 3 West and was talking to the detainees on tier 3 west through the doors. R/O Anyfiotis#15038 made 3 loud direct orders to detainee Walker to get away from the doors. Detainee Walker ignored all commands from R/O. R/O Officer Anyfiotis#15038 then ordered detainee Walker to lock up several times because he was not following the tier and detainee CCDOC rules. Detainee Walker continued to ignore any commands and began to roll his wheelchair towards the dayroom telephones. R/O placed his left arm on the phones and continued to order detainee Walker to go to his cell and lockup. Detainee Walker then grabbed R/O's left arm with force and stated "Fuck you I ain't lockin up bitch you a bitch". R/O attempted to remove detainee Walker's grip and at the same time ordering him to let go of R/O. R/O attempted to disengage and pull away without getting hit but received a scratch on the left forearm by detainee Walker. R/O grabbed Walker by the D.O.C shirt right shoulder to gain control by going around and getting behind him to avoid further strike attempts. Detainee Walker stated "let go of me bitch" but continued to swing and began spitting at Officer Anyfiotis#15038 striking him on the shirt on left upper chest and both lower pant legs. Detainee Walker then began attempting to push himself up and out of his chair in an attempt to fall to the ground and hurt himself. R/O continued to hold onto the D.O.C shirt of detainee Walker preventing him from trying to commit self harm by forcefully letting his body hit the ground. Detainee Walker then slid his body weight forward by using the wheelchair as a way to push R/O away to gain access to the floor. Officer Sandoval #16254 called for assistance and Sgt. Houston, D. #3244 arrived on scene.

Material Confiscated/Evidence Bag Number (Attach photocopy of evidence) Materiales confiscados/pruebas bolsa numero (adjuntar fotocopia de pruebas)

CLASSIFICATION UNIT

Inter-Agency Health Inquiry Submitted: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA	If YES, Date Submitted: _____	Assessment Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, where? <input type="checkbox"/> Medical Health <input type="checkbox"/> Mental Health	Assessment Received: <input type="checkbox"/> YES <input type="checkbox"/> NO
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**COOK COUNTY SHERIFF'S OFFICE** (OFICINA DEL SHERIFF DEL CONDADO DE COOK)**INMATE DISCIPLINARY REPORT** (INFORME DISCIPLINARIO INTERNO)

Approved For Pre-Hearing Segregation: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA		Was Verbal Warning Issued: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA	
Placed in Pre-Hearing Segregation: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA		If Yes, Were Privileges Restricted <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA	
If YES, Date/Time		Type of Privilege and Duration of Restriction	
Location:			
Classification Unit Personnel (Print):		Title:	Star #
Reporting Personnel's Name (Print): A Anyfiotis		Star # #15038	Signature: <i>A Anyfiotis</i>
Reviewing Supervisor's Name (Print): <i>Sgt. Hovst</i>		Star # 3244	Signature: <i>Sgt. Hovst</i>
Watch Commander (Print): <i>L. Guzman</i>		Star # 622	Signature: <i>L. Guzman</i>
Disciplinary Report Delivered to Inmate by (Print Name): (Informe disciplinario entregado al recluso por): <i>Sgt. Hovst</i>		Date: 30 Nov. 2018	
Date Delivered: (Fecha de entrega): 11/30/18		Star Number: (Numero de estrella) 3244	
Time Delivered: (Tiempo de entrega): 2250		Inmate's Signature: (Firma del Recluso): <i>Refuseo</i>	



(Formulario de Queja del Preso)

INMATE ID #

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐
- Other:

INMATEBOOKING NUMBER (# de identificación del Preso)

DATE (Fecha): _____

YOUR GRIEVED ISSUE MUST MEET ALL CRITERIA LISTED BELOW

The grievance must have occurred within the last 15 months.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del asunto, seguridad o cuestión de procedimiento.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarías a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyerismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.
los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

11-30-2018 3:40	Durham	A. Smith
On November 30, 2018 at 3:40pm I was in the kitchen talking to another inmate. This time about what had to do with the fact as I was talking about a parole that we could not go on because all the inmates would have to be taken care of. The next day I was working a week from the state I thought I might see someone I knew the other inmates who were still there.		
NAME OF STAFF OR INMATE(S) HAVING INFORMATION:		

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

DATE CRW/PLATOON COUNSELOR RECEIVED:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de Identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

11-30-2018

3:40

Day Room

D. J. Felt

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

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- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

☐ Cermak Health Services☐ Superintendent:☐ Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

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(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

1530-118

3:40

Day Room

J. L. L. L. L.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

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(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

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☐ Grievance
☐ Non-Compliant Grievance

☐ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendario a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendario.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendario.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

11-30-2018

5:00

Det. Room

J. J. J. J.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

☐ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

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The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

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DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

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DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

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El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
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(Horas del Incidente)REQUIRED -
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(Lugar Específico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)NAME OF STAFF FOR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

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CRW/PLATOON COUNSELOR (Print):

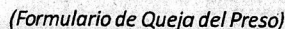
SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



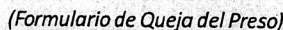
! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! *(! Para ser llenado solo por el personal de Inmate Services !)*

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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(PINK COPY - INMATE)



(PINK COPY - INMATE)



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2018 X
14906

731028

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): <u>Walker</u>	INMATE FIRST NAME (Primer Nombre): <u>Cornelius</u>	ID Number (# de Identificación): <u>20150920216</u>
GRIEVANCE ISSUE AS DETERMINED BY CRW: <u>260-Misconduct (physical) by sworn staff</u>		
IMMEDIATE CRW RESPONSE (if applicable): <u>O.P.R. notified</u>		
CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): <u>O.P.R. - I.S.</u>		DATE REFERRED: <u>12/4/18</u>

RESPONSE BY PERSONNEL HANDLING REFERRAL

<u>- See attachment -</u>			
PERSONNEL RESPONDING TO GRIEVANCE (Print): <u>L. Hampton</u>	SIGNATURE: <u>[Signature]</u>	DIV./DEPT. <u>I.S.</u>	DATE: <u>12/4/18</u>

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso): <u>Cornelius Walker</u>	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) <u>12/4/2018</u>
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INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): 12/4/2018

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

I fear for my life ~~and that I have not~~ with the officer and that I have not seen O.P.R.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

Original Response to Stand.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): <u>[Signature]</u>	SIGNATURE (Firma del Administrador o/su Designado(a)): <u>[Signature]</u>	DATE (Fecha): <u>12/5/18</u>
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THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso): <u>Cornelius Walker</u>	DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) <u>12/7/2018</u>
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